

RECORD OF FUNERAL.

No. 20 Date 7-10 1914

Name of Deceased Mrs Robert Spieker

Charge to Mr " " "

Order Given by " " "

How Secured _____

Date of Funeral 7-10

Place of Death Wabash Tp

Funeral Services at Berne

Time of Funeral Service 1-2:00 PM

Clergyman Rev. Kottman

Certifying Physician Dr Jones

His Residence Berne

Number of Burial Certificate _____

Cause of Death Peronitis

Date of Death 7-8th

Occupation of the Deceased _____

~~Single~~ or Married Married Religion Ref

Aged 33 Years, 10 Months, 11 Days.

Body to be shipped to _____

Size and Style of Casket or Coffin Eliptic

Law. B. Cloth Floral Des.

Manufactured by Batesville

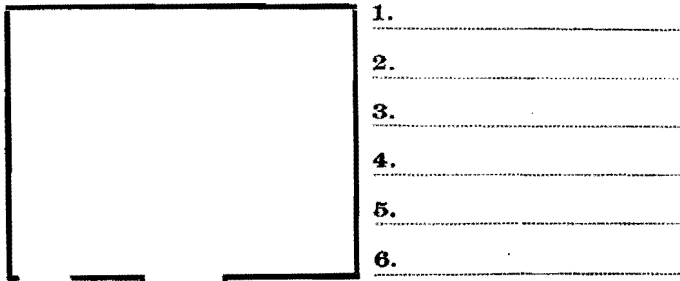
Metallic Lining _____

Outside Box Cement Vault

Number of Handles Extension

Interment at M. R. E. Cemetery.

Lot or Grave No. _____ Section No. _____



(Diagram of Lot.)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (X).
 Designate place for Monument with a small square (■).
 Use space to the right of Diagram for the names of those buried in Lot.